H1N1 Vaccination Facts for Health Care Workers

Fact 1: Both the Centers for Disease Control and Prevention (CDC) and the Arizona Department of Health Services (ADHS) are in favor of prioritizing vaccine for healthcare workers.

It is crucial to vaccinate healthcare workers for the 2009 H1N1 virus before the illness overloads the healthcare system. Not only are healthcare workers at greater risk for contracting the new strain of H1N1 influenza from encountering influenza patients at work, healthcare workers may also spread the illness to patients with underlying health conditions that put them at increased risk for serious flu complications.

Fact 2: Health care workers with H1N1 illness can spread the virus to their patients.

Health care workers who spread H1N1 virus to their patients can severely impact patient health, especially those patients with chronic or high risk health conditions that make them vulnerable to serious influenza complications.

Fact 3: Health care workers should also be vaccinated for seasonal influenza.

This year, health care workers can expect that both H1N1 influenza and seasonal influenza will be circulating in the community. It is important for health care workers to make sure they and their patients are protected from seasonal influenza too.

Fact 4: People cannot get the flu from influenza vaccine.

Influenza vaccines contain either inactivated ("killed") influenza virus, such as in flu shots, or attenuated ("weakened") Influenza virus, such as in vaccines that are inhaled. Neither of these vaccine types can cause influenza.

People who come down with the flu after flu vaccinations likely contracted the flu before the vaccine could provide them with immunity. It usually takes about 2 weeks after vaccination to develop immunity. Also, flu vaccines are not 100% effective for everyone in preventing influenza, but they are very effective in reducing the severity of the flu.

Fact 5: Serious H1N1 Vaccine side effects are rare.

Serious H1N1 vaccine side effects are expected to be very rare. The most common side effects reported from the clinical trials were similar to those experienced following seasonal influenza vaccine, such as soreness, redness, or swelling at the injection site.

Other mild side effects may include headache, muscle aches, fever, nausea, or fainting (mainly adolescents). If these side effects occur, they usually begin soon after the shot and last 1-2 days. Life-threatening allergic reactions to vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot is given.

Fact 6: The H1N1 vaccine has been properly and rigorously tested for safety and efficacy.

The FDA, CDC, NIH and numerous other governmental and private sector partners are ensuring that the same rigorous testing methods are employed during the testing phase of the 2009 H1N1 vaccine as is employed for seasonal influenza vaccine and other vaccines. The H1N1 vaccine is made in exactly the same way that the seasonal flu vaccine is made every year, by the same companies, using the same equipment, with the same methods. The only thing that is different is the flu strain, which changes every year anyway.

Fact 7: Multi-dose vials of H1N1 vaccine contain safe amounts of thimerosal, a vaccine preservative, which prevents contamination with bacteria and fungi.

Thimerosal, which contains some mercury, is a preservative used in multi-dose vials of vaccine. It is not added to either live attenuated (the nasal spray) or single dose vaccines. Thimerosal is used in multi-dose vials to prevent contamination with bacteria and fungi that could result from repeated punctures when drawing vaccine from the vial. No ill effects other than minor local reactions at the site of reaction have been established when using vaccines containing thimerosal.

Fact 8: No causal connection has been found linking the use of thimerosal as a vaccine preservative and the incidence of autism, speech or language delay, or attention deficit hyperactivity disorder.

There has been some public concern about the vaccine preservative thimerosal causing autism. During the 1990s, thimerosal was eliminated from being used as a preservative in most vaccines by replacing multi-use vials with single dose vials that did not require preservatives. This reduced the amount of thimerosal (and therefore mercury) used in vaccines for children, who typically receive many vaccinations during their first two years. However, autism rates have not declined. Despite numerous large scientific studies exploring this issue, no connection between the vaccine preservative thimerosal and autism has been identified.

Fact 9: Healthcare workers can safely receive the live attenuated ("weakened") Influenza virus vaccine (Flumist) and go back to work immediately without risk of spreading the weakened virus to their patients UNLESS they work directly with bone marrow transplant patients.

There have been no reports of flu transmission from a person recently vaccinated with live attenuated vaccine (Flumist) to an immunocompromised person. As a precautionary measure, healthcare personnel who receive LAIV should avoid providing care for severely immunosuppressed patients for 7 days after vaccination. Severely

immunosuppressed persons are those who have had a bone marrow transplant and/or those who require a protective environment due to their lack of immunity. People on steroids, chemotherapy, or with other immunosuppressive conditions including HIV, are NOT considered severely immunosuppressed.

Fact 10: There is a much higher risk of getting Guillain-Barré Syndrome (GBS) from having influenza illness than from getting vaccinated for influenza.

GBS is a rare condition that can follow an intestinal or respiratory illness, including influenza. In fact, GBS is four to seven times more common after influenza illness than after influenza vaccination. However, the infection that most commonly precedes GBS is caused by bacteria called *Campylobacter* that causes diarrhea. In the U.S., there are about 3,000 – 6,000 cases of GBS per year (or one to two cases per 100,000 adults) that **are not** related to influenza vaccination. There is about one additional GBS case per million persons vaccinated that is associated with influenza vaccine.

Often, people think about the 1976 swine flu when thinking about GBS. Here are the facts. In January of 1976, a new pandemic swine influenza was identified in Fort Dix, New Jersey. One soldier died, four had pneumonia, and over 200 were infected. About 40 million people were vaccinated. There was an increased rate of GBS, one additional case per 100,000 people vaccinated. Since then, several studies have been done to evaluate if other flu vaccines manufactured since 1976 were associated with GBS. Only one of the studies showed an association. That study suggested that one person out of 1 million vaccinated persons may be at risk of GBS associated with the influenza vaccine.

Remember that seasonal influenza kills approximately 36,000 people a year in the U.S. Experts predict that the 2009 H1N1 virus could dramatically increase the death toll. Protect yourself and your patients; remember to get both your seasonal influenza vaccine and the H1N1 vaccine.

If you are a healthcare worker and you have questions about the safety of the H1N1 vaccine, check the facts for yourself (see website references below).

http://www.fda.gov/BiologicsBloodVaccines/vaccines/QuestionsaboutVaccines/ucm070430.htm

http://www.cdc.gov/FLU/about/qa/gbs.htm